

Obituary

J. J. D. KING, Ph.D., D.Sc., F.D.S.

The untimely death on November 22 of Dr. J. J. D. King at the age of 46 is a great loss to dental science. Not only was he a fine investigator, with most of the rare characteristics which ensure continuous discovery, but, what made his death more tragic, he was one of a very small band of workers in this field. Indeed, as a qualified dentist wholly devoted to research he held a position that was almost unique in this country.

In 1932, after qualifying in dentistry and practising for a few years, he approached Lady (then Mrs.) Mellanby with the object of entering dental research because of his dissatisfaction with practice. He persisted in this desire in spite of all the difficulties which were impressed upon him. He had had but little special scientific training except for the six-months course in bacteriology under Professor Tulloch at St. Andrews University as part of the course for the diploma in public dentistry. Lady Mellanby ultimately agreed to train him, and with a grant from the Medical Research Council he joined the staff of the Sheffield University Field Laboratory. The fact that he was a nephew of the eminent physiologist the late Sir William Hardy seemed to be a promising augury which was later fully justified.

He soon showed himself to be an assiduous and competent worker, and after collaborating closely with Lady Mellanby for a few years he began to launch out on his own and soon became a successful and independent investigator. He was awarded the Ph.D. degree by Sheffield University in 1936, and a Beit Memorial Fellowship in 1939. Ten years later he was elected Fellow of Dental Surgery by the Royal College of Surgeons, and in 1950 he obtained the D.Sc. of London University. On the outbreak of war King joined the Army Dental Corps and was given facilities to investigate trench mouth. Later he was seconded to the Medical Research Council for further experimental work in gingival disease. This work was done in the Nutrition Building at Mill Hill, where the work of the Mellanbys had been transferred. It was this experience in the Army which directed his attention to parodontal disease and kept him very busy to the time of his death.

We are indebted to Sir EDWARD MELLANBY for the following appreciation :

By 1946 it was obvious that King had the qualities of initiating and carrying through first-class research, and the Medical Research Council decided to form a unit of dental research under his directorship. This unit was ultimately established at King's College Hospital Medical School, the school from which he had qualified in 1929. He had an uphill task in getting the unit going, partly because of the initially restricted accommodation and partly because of the difficulties in staffing a new project. These difficulties did not prevent him from doing good work on parodontal disease, much of which resulted from his discovery of the value of ferrets and golden hamsters as useful experimental animals for these studies. He also developed a capillary microscopy technique as a clinical aid for assessing gingival conditions. His early results emphasized the major part played by salivary calculus or tartar in gingivitis of all kinds, and to this problem he gave much attention. He showed that both nutritional and physical properties of the diet were responsible for tartar formation, and had he lived he would

undoubtedly have been able to assign to each its own particular aetiological sphere. His last published paper is about an interesting experimental study of the production in ferrets of gingival hyperplasia by "epanutin" (sodium diphenyl hydantoinate), a condition similar to that produced in man by this substance.

It is impossible to describe here all King's discoveries in dental science, but reference must be made to his excellent survey of the dental condition of the children in the Island of Lewis published in the Special Report Series of the Medical Research Council. Most of King's publications were both well written and valuable contributions to knowledge, and they will be regarded no doubt in the future as one of the pillars of modern dental science. King was a good colleague and a man of retiring disposition, with all his energy and interests centred on his research. A few more like him would transform dental science and practice.

H. P. G. BAYON, M.D., Ph.D.

Dr. H. P. G. Bayon, who died at Little Shelford, Cambridge, on October 20, was a man of exceptional attainments. We are indebted to Professor CHARLES SINGER for the following appreciation :

The career of Dr. H. P. Bayon was so varied and so unusual that I think a few details of it may interest medical men. Enrico Pietro (Henry Peter) Bayon was born at Genoa in 1876. His father was a Swiss in the consular service, a member of a family that had fled from Paris in the Revolution at the end of the eighteenth century. His mother, Florence Farington, was a member of an English Quaker family concerned with the publishing trade. His early education was at Genoa and at a co-educational school of the Society of Friends at Sidcup. Thus he was bilingual from childhood.

He began his university life with a course in engineering at Genoa, after which he decided to study medicine. For this he went to Würzburg, which at that time was one of the very best scientific schools in Europe. He specialized in pathology, and his doctoral thesis of 1902 was marked as the best of the year. He then worked for several years as assistant in pathology at the University of Geneva. In 1905 he became an M.D. of Genoa. During these years he acquired complete facility in both German and French, thus becoming quadrilingual. At the end of 1905 he came to England and took a course at the London School of Tropical Medicine. This was followed by a series of voyages as a ship surgeon during which he visited South America, South Africa, and the Black Sea. On his return he held several pathological posts and was elected to a Beit Research Fellowship.

Between 1907 and 1910 he was a member of a sleeping-sickness commission in Uganda. There he made important pathological investigations of this and of a number of other tropical diseases. Stricken by one of these, he was carried by native bearers for several days to hospital, which he reached in a critical state. On recovery he continued his researches, taking now special interest in leprosy. In 1912 he became research bacteriologist to the Union of South Africa. Most of the next few years he spent on the minute and isolated Robben Island, 15 miles north-west of Capetown, where there was a leper colony. He was honoured by an M.D. *ad eundem* of Capetown University, and was sent by the South African Government to Imperial Russia for six months to study leprosy conditions. In this time he learnt a considerable amount of Russian. He was soon involved also in an extensive controversy concerning the segregation of lepers, a policy that he always supported.

At the outbreak of the 1914-18 war, having now also a British qualification, Bayon volunteered as a surgeon with the Red Cross and saw some service in France. In 1915 he obtained formal British nationality, for which both his personal history and his mother's origin gave him more

than ample claims. He then became pathologist to the British War Hospital, Napsbury, with its 1,000 beds. After the war and the closing of the hospital he went into general practice for a time before returning to pathology at the Molteno Animal Institute at Cambridge. During the last few years of his life he was very actively employed in investigating the diseases of fowls. His notes on this subject, completed on the day of his death, show that he had made more than 22,000 post-mortems on these animals. He obtained the Ph.D. of Cambridge University in 1938.

Besides being fluent in English, Italian, German, and French, Bayon could converse in Spanish, Portuguese, and Russian. Dutch he picked up while monitoring for the B.B.C., for whom he both wrote and delivered several broadcasts. Most remarkable of his linguistic achievements is to have passed the Colonial Office African dialects examination in several native languages. He was also an excellent Latinist. At a convention at Cambridge, when acting as a general interpreter, there was a Japanese member who contributed through him, their medium of exchange being Latin. He was moreover an accomplished naturalist, and in Uganda, South Africa, and elsewhere he collected numbers of insects, several of which were new to science and some named after him by the British Museum authorities. Perhaps his oddest discovery, made on his honeymoon in 1913, is that of a species of blind insect inhabiting a dark cave in Corsica.

In the last 20 years of his life Bayon took much interest in medical history. Like many who have exceptional facility in acquiring languages, he had not great literary gifts or powers of condensation, but his industry was tireless and his exceptional attainments gave him a range far beyond that of most historians. Thus he was often able to throw unexpected light on topics that might be thought quite exhausted—for example, he made some really striking discoveries concerning William Harvey and his method of work. The number and variety of his pathological writings are very large. I am happy in being able to reflect on many amicable discussions with him, from which I learned much on historic topics. In him the profession loses a man who was almost unique in his time in range of attainments. He is survived by his wife, two daughters, and a son.

W. WATKINS-PITCHFORD, M.D., LL.D., F.R.C.S. D.P.H.

Professor A. PIJPER, emeritus professor of pathology and bacteriology in the University of Pretoria, writes: May I somewhat belatedly—but that is due to the distance separating us—write a few lines to pay homage to the late Dr. Wilfred Watkins-Pitchford, whose obituary notice appeared in the *Journal* of October 11 (p. 834)? I owe too much to him not to feel the need to express my indebtedness publicly, and, although the approach to him was by no means easy, I have memories of him in which his goodness, natural friendliness, and helpfulness came uppermost. Our first contact was in 1913, when I, as a fresh arrival—and probably in his eyes very much a “foreigner”—applied for a position in the South African Institute for Medical Research, of which he had just become director. The interview excelled in brevity, for within five minutes I knew that I had better stick to private general practice on the highveld, which I did. But my good fortune made me acquire a laboratory outfit, and I started to write articles on pathology which I submitted to him in his capacity of editor of the *Medical Journal of South Africa*. And then the change came: he became very much interested in my work, he gave me the run of the library of his institute, and he did not think it beneath his dignity to spend hours with me correcting and improving the style and sometimes the contents of my contributions. In later years, always quietly helping me all he could, he saw to it that I received opportunities to lecture to the leading doctors and scientists of Johannesburg, and he was no doubt instrumental in obtaining for me an award from the board of

the institute. All this was most valuable encouragement for a young man in a strange country at the beginning of his career. Still later, when I planned to settle in neighbouring Pretoria as a pathologist, which would at any rate mean a certain amount of competition with his beloved institute, it was Watkins-Pitchford who gave me every encouragement and support. He was not a man who easily befriended others, and he was not very ready with the outward signs of friendship. Even in those early days I had a feeling that he did not really want to be like that, for there were occasions when his kindly nature shone through his natural reserve. And of course he felt the responsibility of being the institute's first director very much. He did not smile readily, and the epithets “pompous” and “pontifex” bestowed on him by facetious people were perhaps not quite out of place. Yet there were other qualities behind that stern façade. Perhaps the aspect of Watkins-Pitchford's life that I have tried to illustrate here—his wonderful readiness to assist fellow scientists who needed help, encouragement, scientific advice, and material assistance—is new to some people. I shall always remember it in gratitude, and so I would like to place on record that I knew Dr. W. Watkins-Pitchford as a kindly and a noble man.

T. E. SAXBY, O.B.E., F.R.F.P.S.

We are indebted to Sir JAMES STIRLING ROSS for the following appreciation:

May I add some personal notes to your admirable record (November 29, p. 1208) of the life and work of Thomas Edmondston Saxby? He can only be known in terms of his beloved island. His grandfather, Laurence Edmondston, had been the island's doctor fifty years earlier. His mother, Jessie M. E. Saxby, was a great and gallant woman. Her doctor husband died young and left her with five boys to bring up. We can better understand her son Thomas when we read some lines that his mother wrote about herself when she was ten:

I like to ride and climb the rocks.

For I'm as wild as wild can be;
There is no taming can tame me,
And I go by the name of Wildie.

When Thomas was a student in Edinburgh in the early nineties he had already dedicated himself to the service of the crofters and fishing folk of Unst, with its 2,000 inhabitants. Full of mental and physical energy, he played an assortment of musical instruments in those days, some of them under strong protest from his Irish terrier. In 1898 he became medical officer for the island. The conditions for these brave islanders were rough and primitive: if he could not give them hospitals he gave them himself, with his horse and gig, his good legs for deep snowdrifts in the long dark winter, and his open boat and lugsail for the outer islands. He once took my sister with him and his “boy” out to Balta Island, where one of the fisher girls of the herring season was reported very ill. Off the land the wind rose strongly; sail had to come down and my sister had to sit on the sandbags, but the rough crossing was made. At Balta they climbed an iron wall-ladder to get on to the pier. He found that the lassie was all right again and was “back at the gutting”; but, as he had come, he would see her. That done, the row back was long and quite dangerous. That was just in his day's work.

His 50 years covered the transition from sheer medical privation, first to the Highlands and Islands scheme and then on to the National Health Service. Writing in 1950, he gave me a graphic account of the earlier years:

“Before the H. & I. Board got to work (1913) there was absolutely no nursing service at all: patients had to put up with what attendance kindly neighbours could afford. Cases of serious illness had to be removed to Edinburgh Royal Infirmary, a journey sometimes taking five days. . . . Once the Board got to

work things improved very quickly and the old abuses were swept away." To-day "the hospital and specialist service works well; the Gilbert Bain Hospital at Lerwick has been a blessing. A patient can be got from here to Lerwick in a few hours. . . . We have a properly qualified nurse stationed centrally: she does most of the maternity work and is keen and efficient." He added, "I retired a year ago after 50 years: never off duty all that time and never had a rest. I am now 81½ years and perfectly healthy for my age."

That was not meant for publication, but let it stand. And that is what general practice can still be. Thomas Edmondston Saxby has added nobly to the long epic that began with the old words, "*Dispecta est et Thule*."

SISTER KENNY

Sister Elizabeth Kenny died, at the age of 66, at her home in Toowoomba, Queensland, on November 30. She was well known in this and many other countries for her unorthodox methods in the treatment of the victims of infantile paralysis. Her methods gave rise to acute controversy, and many pages of this and other journals in the late nineteen-thirties were filled with articles and correspondence on the subject. Sister Kenny was a shrewd, combative woman, intolerant of opinions which conflicted with her own, but she was also a woman of deep compassion and one who sought no great reward for herself. In the setting up of Kenny clinics under Government auspices in Queensland, where free treatment was given, she refused to accept any remuneration for her services.

Elizabeth Kenny was born at Warialda, New South Wales, on September 20, 1886. She qualified as a nurse in 1911 and elected to work among children in the Bush area of her native Australia. During the first world war she served as a nurse with the Australian Army. When she returned to Australia she determined to make a special study of infantile paralysis, which she believed was being wrongly treated by the medical profession. Her methods, which she worked out in careful detail, were taken up in Australia and later in the United States, where the American Congress of Physical Therapy awarded her the Distinguished Service Gold Key. Briefly, the principles of the Kenny system, many of which were then as now endorsed by orthodox orthopaedic opinion, were as follows: maintenance of bright mental outlook; maintenance of impulse (by which was apparently meant the encouragement of the patient to make a mental effort to carry out a movement even when the muscles were so completely paralysed that no movement was possible); hydrotherapy and remedial exercises; maintenance of circulation; and the avoidance of the generally accepted methods of immobilization. It was with regard to this last that the chief controversy arose. Sister Kenny claimed that if there was no splintage at all the deformity, so frequent a sequel of the disease, was avoided.

In 1937, after 20 years' experience of her methods, Sister Kenny published in Sydney a book describing her treatment, with full technical detail. It was entitled *Infantile Paralysis and Cerebral Diplegia: Methods used for the Restoration of Function*, and it carried a foreword by Professor H. J. Wilkinson, Dean of the Faculty of Medicine, University of Queensland, in which he said it was possible that Sister Kenny had initiated a movement which would have far-reaching effects, and that she was highly to be commended for her persistence in it over many years. In the same year she visited this country and gave a demonstration at the House of

the British Medical Association in London. She showed a film illustrating first the treatment of patients by orthodox methods, and then, for comparison, the results of the treatment of other patients by the Kenny method, and pointed out remarkable improvement in many cases. In reply to a question on that occasion she said she had not up to that time had a case which had not responded in some degree. The then Agent-General for Queensland, who presided, said he was pleased to represent the Government under which Sister Kenny had worked. He went on to say that many Australian doctors, who had at first harboured some prejudices, had now come round to her views and were supporting her. The Queensland Government had already established Kenny clinics, as also had the Government of New South Wales. In the Brisbane clinic up to that time between 500 and 600 cases had been treated, and nearly 100 of them had been discharged as cured.

In the following year, however, a Royal Commission in Queensland reported adversely on her methods, expressing the opinion that her system was not to be recommended at any stage of the disease. At about the same time (1938) the London County Council instituted a trial at Carshalton which lasted a year, and a report signed by Sir Harold Fairbank and other orthopaedic surgeons rejected her claims. It was stated in this report that in her avoidance of the generally accepted use of splinting she appeared to differ fundamentally from the orthodox view, also that there was no reason to admit her claim that complete cure could be promised in any group of cases of poliomyelitis. While those who signed this adverse report agreed with certain parts of her treatment, she was considered not to have faced the real issue of the residual paralysis, for which it was believed that surgical appliances or surgical methods such as stabilization operations offered the only help. In spite of these adverse verdicts, some 40 Kenny clinics came to be established in various parts of the world, five of them in the United States. Last year Sister Kenny published her autobiography under the title *And They Shall Walk* (reviewed in the *British Medical Journal* of April 12, 1952), but this was intended for lay people and did not enter into technical details. In this book she stated that she had at no time claimed to cure the disease and that the widespread publicity which had always attended her had resulted in claims being put forward in her name which were less than accurate.

We are indebted to Mr. H. J. SEDDON for the following appreciation:

The influence of Sister Kenny on the treatment of infantile paralysis has been exceedingly beneficial. One of the great misconceptions that gave rise to an immense amount of crippling was that strict immobilization was thought to be necessary in the early days of the disease. Sister Kenny went to the other extreme, and perhaps too far, in abandoning practically all forms of splinting; but she was undoubtedly on the right lines, and surgeons in many countries who have been influenced by her ideas in this respect are finding that their patients have much less muscle wasting and joint stiffness than formerly. She had a notion that muscle spasm was an important feature in the pathology of poliomyelitis, and this spasm might be found in muscles that were apparently completely paralysed—an obvious contradiction. What she described and talked about is an uncommon feature of poliomyelitis that has been well recognized for many years. She elevated it into an important aspect of the pathology of the disease, and thereby went

astray. She considered that the sovereign remedy for this so-called spasm was the application of heat by moist packs, and she developed a drill in the treatment of poliomyelitis that was elaborate, extensive, and tiresome. It was recognized 35 years ago that moist heat often relieved the pain that occurred in the early stages of the disease, but this was a very different thing from the employment of fomentation in practically every case, and after the first wave of un-critical enthusiasm most doctors who tried Kenny packing have given it up. Her third particular notion was one that she called mental alienation, by which she meant that much of the paralysis was not strictly organic but due to a loss of control somewhere between the higher centre and the spinal cord. This is only a new name for a whole variety of functional disorders ranging from straight hysteria to the simple clumsiness and feebleness of the convalescent patient. The idea itself was of no practical value, and has had no permanent influence in the designing of remedial exercises.

Sister Kenny was a woman with a mission, and she was so convinced she was right that she attacked all her critics mercilessly. It was useless to point out that her ideas about the treatment of poliomyelitis changed fairly rapidly as increasing contact with able medical people and other physiotherapists added to her initial small store of knowledge. But in an empirical way she hit on much that is good in the treatment of poliomyelitis, and her vigour was such that she wakened up orthopaedic surgeons and physiotherapists the world over. Had she been content to talk about treatment without embarking on speculations about pathology, and had she been a little kindlier and more tolerant, she might now be regarded as the Florence Nightingale of orthopaedics, or at any rate of that part of it concerned with poliomyelitis.

Professor ARNOLD LOEWENSTEIN, who died in Glasgow a few weeks ago, was born in Austria in 1882. Shortly after the last war he became a British citizen. He received his early training in Prague, and was assistant in the eye clinic of the German University for many years, when Professor Elschnig was at the height of his fame. A few months before the outbreak of war Professor Loewenstein sought refuge in this country, and a position was found for him in the Tennent Institute of Ophthalmology in the University of Glasgow. He worked there happily and increased his world-wide reputation for his enthusiasm and devotion to his chosen specialty. He was a man of wide culture and interests and became a great lover of the hills and mountains of his adopted country. He wrote with ease and facility upon a wide range of ophthalmological topics, and he was a patient teacher of students of all ages. He carried on a wide correspondence with the rising generation of ophthalmologists in various parts of the world, and his loss will be mourned by all.—W. J. B. R.

With the tragically sudden death on October 30 of Dr. W. G. OWEN, of Penygroes, Caernarvonshire, the people of Penygroes and a wide area round have lost a greatly loved and respected counsellor and friend. William Griffith Owen was born on September 27, 1892. After qualifying M.R.C.S., L.R.C.P. from the London Hospital in 1919, he returned to his native village. His winning cheerfulness, kindness, and tireless efforts on his patients' behalf soon won him the entire confidence and affection of an increasing practice. A fine, handsome man, "Willie" Owen, as he will always be to the many who mourn him, was *par excellence* a gentleman. For all his impressive stature and presence, he was, indeed, in every way gentle—in the soft, pleasant voice, in the deliberate and careful examination of a case, in the assertion of an opinion, which was invariably that of a shrewd, well-balanced, and experienced clinician, in advice or comfort to those many who sought his help either in sickness or in personal difficulty. His clinical judgment was well known to his colleagues to be of the first order, and his advice was freely sought. His opinion

was the more valued in clinical and in wider professional matters in that it was known to be the result of a careful, unhurried consideration of all the factors involved. He was, perhaps, most himself as a family man. His liveliest pleasures were those he shared with his much-loved wife and his son, the simple pleasures of a day out to the sea shore, to a fishing stream, or a week-end in "Town"—Liverpool or London. Those who knew him best were privileged to see and admire and to share in this family spirit. A cheerful fellow, with a ready laugh of un-inhibited boyishness, he was the best of companions. The sorrow of his wife and his son, who has chosen to follow his father's profession, may be lightened in some measure by the knowledge that it is so widely and so deeply shared.—R. R. P.

B. H. writes: A year ago I met "Willie" Owen in the County Hospital, Bangor. He looked remarkably fit and healthy striding along, his powerful—rather heavy—chin thrust forward and his unbuttoned overcoat swinging behind him. His walk was resolute, and he looked resolute; in fact he was a most determined man who knew his job as very few know it. A self-made man practising in his own village, "Willie" Owen was known and loved by thousands of patients. They respected this great physician who had started from scratch and who had worked his way steadily upwards till he had the largest practice for miles around. I have never met a better diagnostician. One day he astonished me by showing me a baby of 6 months whom he felt certain to be suffering from a ruptured appendix. As usual, "Willie" Owen was right. Midwifery, however, was his first love, and in my opinion he reached specialist standard in that branch of medicine. All this greatness at his work was the result of a lifetime's study. His library, for a general practitioner, was immense, and he had laboured patiently through each volume, checking every disease he had seen. For years, he once told me, he had spent hours every night reading up his cases, doing his blood counts, and supervising the dispensing. The result of all that study, coupled with the most careful history-taking, was a general practitioner of outstanding ability. It was as a personality, however, that "Willie" Owen won the heart of his Welsh people. He was a Welsh-speaking Welshman, whose roots were deep in the hills of Penygroes. As a Celt I understood him. For him Wales was a nation, distinct and separate. Anybody or anything that tended to destroy that separate life and culture found no friendship from him. He often told me that on waking each morning he looked out of the bedroom window and saw his Welsh hills, and that was his tonic for the day. Cities he hated, calling them ulcers of civilization. Now he is dead and Penygroes has lost its greatest friend and helper. It is difficult to think that no more will he polish his silver hair, step smartly from his surgery, give his characteristic little cough, and then settle into his car for the day's round. He loved cars, he loved photography, he loved his friends and his Welsh-speaking village. Most of all, he loved his family and was everything a husband could be to Mrs. Owen during and after her serious illness. To Mrs. Owen, his constant helper, and to her son, Gwyn, also in the profession, our sympathy goes out. They will miss him greatly. So will a young Irish doctor he tried to train.

We record with regret the death of Mr. W. K. CONNELL at Glasgow, on October 31, at the age of 58. William Kerr Connell was born on November 27, 1893, and was educated at the University of Glasgow, where he graduated M.B., Ch.B. in 1916, having interrupted his medical studies to serve as a private in the Highland Light Infantry for six months in 1914–15. After graduation he obtained a temporary commission in the R.A.M.C., and served in Mesopotamia, India, and Waziristan from 1916 to 1920, being a surgical specialist with the Derajat brigade in 1917. He was demobilized from the Army with the rank of captain, and from Bombay he worked his passage home as a ship surgeon, visiting Australia, New Zealand, Panama, and the U.S.A. He was house-surgeon to the late Professor

Archibald Young in Glasgow for six months in 1920 and then he held the post of demonstrator of anatomy in the University of Glasgow in 1921-2. During 1921 he was one of the editors of the *Glasgow University Magazine*. Then followed appointments at the London Hospital and at the Beckett Hospital, Barnsley, until July, 1924, when he entered the Colonial Medical Service. He served mainly as a surgical specialist in Tanganyika. In 1927 he became a Fellow of the Royal College of Surgeons, and he took the D.T.M.&H. in 1930. After his retirement in 1946 he was elected F.R.F.P.S. While in East Africa Mr. Connell acted as honorary secretary of the Tanganyika Territory Branch of the British Medical Association in 1928-9, and was president-elect of the Branch from 1931 to 1934, becoming president in 1934-5 and again in 1938-9. During the last war he was seconded to the Army in 1940 at his own request, but he returned to his civilian duties in 1943 at the end of the Abyssinian campaign. While in the Army he attained the rank of lieutenant-colonel in the East African Army Medical Corps, and was mentioned in dispatches in 1943. He was in charge of the surgical divisions of No. 1 General Hospital, Nairobi, and No. 3 General Hospital, Nyeri, in Kenya. While on leave pending his retirement from the Colonial Medical Service, Mr. Connell joined Unrra and was medical supervisor of displaced persons in the Brunswick area of Germany. He leaves a widow.

Mr. JOHN HARKNESS writes: It was with great regret that I heard of the death of William Kerr Connell. For many years he was an outstanding personality in the Colonial Service. He started his career in Songea, in the Tanganyika Territory, and later, in the hospitals of Dar-es-Salaam, did valuable work in trying and exhausting conditions. His ability and enthusiasm stimulated and inspired his colleagues. I am sure many in the East African community will remember him with affection and gratitude.

Medico-Legal

PARALYSIS AFTER TONSIL OPERATION

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

In February, 1949, Mr. A. L. T. Moon, a driving instructor aged 36, who had for some time been in poor health, underwent tonsillectomy in the Bristol General Hospital. After the operation he complained of inability to move his arms and legs. It was at first thought that his paralysis was hysterical, and he was moved to the Barrow Gurney Mental Hospital. There it was found that there was no trace of hysteria, and he was sent to the Bristol Royal Infirmary. It was reported that on admission he was suffering from spinal cord lesion at C8, which caused him muscular spasms. He was then further suffering from severe bed-sores and from a bad bottle-burn on the abdomen caused by another patient in the ward putting, with the best of intentions, an uncovered hot-water bottle on him.

At the Infirmary he was treated for paralysis. In December, 1949, he was discharged, but in September, 1950, his condition had become so much worse that he was readmitted, and died on December 27, 1950. At necropsy it was found that the cause of death was cancer in the pelvic region. This had never been diagnosed, for owing to his paralysis Mr. Moon had felt no pain.

Mrs. Moon then brought an action against the board of governors of the Bristol United Hospitals and against Mr. Fairman, the surgeon who conducted the operation, alleging that the paralysis was due to injury to Mr. Moon's spinal cord caused by negligence during the operation.

Mr. Justice Devlin, trying the action at Bristol Assizes, held that there was no evidence of negligence against Mr. Fairman whatever, and he was dismissed from the action.

In summing up the case against the hospital governors to the jury, Mr. Justice Devlin commented on the fact that, though it had been discovered that Mr. Moon was

suffering from organic paralysis which supervened between the time he was anaesthetized and when he recovered consciousness, the anaesthetist at the operation had not been called to give evidence. He would have thought that everyone concerned would be interviewed at once, and that the anaesthetist would be known and might have had some recollection; but although some inquiries were made by Mr. Fairman and the ward sister they could not have been very extensive. Possibly no one's attention was directed to the vital matter of injury to the spinal cord while it was thought that the paralysis was hysterical.

The jury found a verdict of negligence against the hospital governors and awarded £2,000 general damages, for which judgment was entered with costs. They also awarded Mrs. Moon a further £2,000 damages for her husband's loss of expectation of life, but Mr. Justice Devlin said he would not give judgment for this till he had heard legal argument on Mrs. Moon's right in law in view of the fact that the cancer had intervened. The governors were ordered to pay Mr. Fairman's costs.

Medical Notes in Parliament

CARE OF CHILDREN'S TEETH

Mr. JOHN BAIRD, on November 26, spoke on the school dental service. He thought the best way to solve the problem would have been the introduction of a fully salaried service in 1946. There had been some improvement in the school dental service. In December, 1938, there were 783 dental officers, and by October, 1952, the figure had risen to 827. The present Minister of Health and all dental authorities admitted that a school dental service could not be run efficiently until there were between 2,000 and 3,000 full-time dental officers. The only possibility of getting further recruits was by imposing further charges on dentists in private practice, and if that was done it would destroy the whole basis of the Health Service. Mr. Baird remarked that he spoke with the full authority of the British Dental Association; they believed they had a short-term solution while plans were developed for a new priority dental service. The House had to face having a full-salaried service for all dental practitioners as the only ultimate solution. The Minister had told the British Dental Association that children could not be allowed to go into the general dental service because it would cost more to have the treatment carried out that way. The controversy was between local authorities and the Treasury about who should pay for the school dental service. He appealed to the Government to look into the matter again.

Mr. A. BLENKINSOP said that many dentists were not operating full-time because of the dental charges which had been imposed. The effect of the charges had cut down the number of new entrants into the profession.

Plans to Improve Service

Miss P. HORNSBY-SMITH replied. She pointed out that treatment of children under general dental services since the appointed day had always been available in private practice for parents who accepted the responsibility of taking their children to the dentist. So far as the local authority service was concerned, which included the school dental service, the Ministers of Health and Education believed the best method was to arrange with dentists to treat children in school or in local authority clinics on a full-time or part-time basis. Younger children were provided for in local authority dental service arrangements for mothers and young children. The difficulty was a shortage of dentists in the local authority's dental service. Under the British Dental Association's proposal the treatment which the public dental officer would do would be materially reduced. He would become a co-ordinator, inspecting and deciding the treatment and providing the child with a chit to visit a certain dentist. This suggestion would undermine the present local authority